Traumatic Viscerothorax Mimicking Giant Lung Bullae

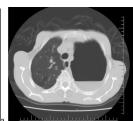
Eurasian Clinical and Analytical Medicine Original Image

Traumatic Viscerothorax

Muhammet Sayan¹, Ali Çelik²

- ¹Department of Thoracic Surgery, Aksaray State Hospital, Aksaray
- ² Department of Thoracic Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey







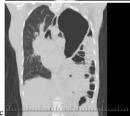


Figure 1. Free air space on left side and contralaterally mediastinal shift (This view resembles a left side giant lung bullae)(a). Air-fluid level on left hemithorax as like a fluid containing giant lung bullae (b). Totally herniation of abdominal viscera to the left chest cavity (c, d).

A 60 year-old man admitted to emergency clinic with palpitation and dyspnea complaints. His past medical history included car accident and pelvic fracture. Chest x-ray revealed suspicious a large lung bullae and chest computed tomography scan was performed. Totally viscerothorax was detected on chest CT scan (Figure 1). Nasogastric tube was inserted and operating room was prepared but the patient did not accepted the surgical procedure.

Traumatic viscerothorax is migration of abdominal viscera especially stomach and colon into the thoracic cavity through the ruptured diaphragm [1]. The clinical and radiological findings of viscerothorax may simulate giant lung bullae. Viscerothorax should be considered in the differential diagnosis of giant lung bullae. Because management of the both condition is very different. Viscerothorax is a emergency situation and emergency surgery is required following the nasogastric tube placement [2].

References

1. McCann B. O'Gara A. Tension viscerothorax: an important differential for tension pneumothorax. Emerg Med J 2005:22(3):220-1.

2. Ahn S, Kim W, Sohn CH, Seo DW. Tension viscerothorax after blunt abdominal trauma: a case report and review of the literature. J Emerg Med 2012;43(6):451-3.

DOI:10.4328/ECAM.47

: 09.01.2015 Received Accepted : 21.01.2015 Published Online: 22.01.2015 Printed Online : 01.05.2015

Eu Clin Anal Med 2015;3(2): DOI:10.4328/ECAM.47

Corresponding Author: Muhammet Sayan, Aksaray State Hospital, Nevsehir Street, Number:110, Postal Code:68200, Aksaray, Turkey. P.: +90 382 213 10 43 · F.: +90 382 213 52 07 · E-Mail: drsayann@yahoo.com